

HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER FOOD SERVICE ESTABLISHMENTS

Unless directed otherwise, all items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail to PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

Plans are reviewed using North Carolina's 15A NCAC 18A .2600 "*Rules Governing the Food Protection and Sanitation of Food Establishments*" and the *NC Food Code Manual*. To view these rules, go to <http://www.deh.enr.state.nc.us/rules.htm> or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design, you can access the plan review link of the Environmental Health section on the Health Department's website at www.harnett.org. Plans must be submitted to the local health department for approval **prior to** construction, renovation, or modification of such facilities.

**Franchised, chain, and prototyped* facilities are required to submit a separate application and plans to the Department of Public Health, Environmental Health Section Plan Review Unit at 5605 Six Forks Rd., Raleigh, NC 27609.

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Nikki Eason, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- _____ A complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or walk-in coolers
- _____ A complete equipment list and corresponding manufacturer specification sheets
- _____ A proposed menu
- _____ A completed Food Service Plan Review Application
- _____ \$200 Plan Review Fee

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Food Service Plan Review Application

Type of plan: New Remodel

Name of Establishment: Scooters Coffee

Physical Address: 1268 NC-27 (Main St.)

City: Lillington State: NC Zip: 27546

Phone (if available): _____ Fax: _____

Email: _____

Applicant: Joanie Godsey

Address: 1950 Craig Rd. Suite 300

City: St. Louis State: MO Zip: 63146

Phone: 336-830-1111 Fax: _____

Email: jgodsey@arcv.com

Owner (if different from Applicant): Brice Andracchio

Address: 80 Guardian Court. Suite 125

City: Rocky Mount State: NC Zip: 27804

Phone: 252-452-8101 Fax: _____

Email: brice.andracchio@guardiancos.com

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature: _____ **Date:** _____
(Applicant or Responsible Representative)

Hours of Operation:

Mon 6am-8pm Tues 6am-8pm Wed 6am-8pm Thurs 6am-8pm Fri 6am-8pm Sat 6am-8pm Sun 6am-8pm

Number of Seats: 0

Facility total square feet: 664

Projected start date: TBD

Type of Food Service:

Check all that apply

Restaurant

Sit down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Meat Market

Other (explain): _____

Utensils:

Multi-use (reusable): _____ Single-use (disposable):

Food delivery schedule (per week): 1 delivery per week

Indicate any **specialized process** that will take place: N/a

Curing Acidification (sushi, etc.) Smoking

Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Has the process been approved by the Variance Committee of the DPH Food Protection Branch? _____

Indicate any of the following **highly susceptible populations** that will be catered to or served: N/a

Nursing/Rest Home Child Care Center Health Care Facility

Assisted Living Center School with pre-school aged children or an immunocompromised population

Person in Charge (PIC) and Employee Health

Are Persons in Charge certified food protection managers who have passed a test accredited by an approved ANSI program? Yes

Eligible Person In Charge: ^{TBD} _____

Program _____ Cert. # _____ Exp. Date _____

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? _____

Food Sources

	Names of food distributors:	Deliveries/wk
1.	<u>Harvest Roasting</u>	<u>1 per week</u>
2.	_____	_____
3.	_____	_____
4.	_____	_____

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: ^{None} _____

Foods that will be held **cold** before serving: ^{None} _____

Will **time** be used as a method to control for food safety? Yes
Will a buffet be provided? No If so, attach a list of foods that will be on the buffet.

Cooling

List foods that will be cooked and cooled for later use or added to another food as an ingredient: none - all food is pre-packaged and prepared off site

Describe utensils and methods used to cool foods: _____

Dry Storage

Frequency of deliveries per week: 1 Number of dry storage shelves: 5
Square feet shelf space: 148.5 ft²
Is a separate room designated for dry storage? No

Food Preparation Facilities

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? N/a
Size of sink drain boards (inches): _____
How will sinks be sanitized after use or between meat species? No food preped on site

Finish Schedule

*Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Sealed Concrete	Vinyl Wall Base	FRP	Washable ACT
Bar				
Food Storage				
Dry Storage				
Toilet Rooms	Sealed Concrete	Vinyl Wall Base	FRP	Washable ACT
Garbage & Can Wash Areas				
Other				
Other				

Garbage, Refuse and Other

Will trash be stored in the restaurant overnight? Yes _____ No X If so, how will it be stored to prevent contamination? _____

Location and size of can wash facility: N/a

Are hot and cold water provided as well as a threaded nozzle? _____

Will a dumpster be provided? Yes

Do you have a contract with the dumpster provider for cleaning? TBD

How will used grease be handled? Interior Grease Interceptor

Is there a contract for grease trap cleaning? TBD

Are doors self-closing? Yes Fly fans provided? No

Where will chemicals be stored? Seperate from all foods, dishes, utensils,linens, and single use items

Where will clean linen be stored? on designated wire rack

Where will dirty linen be stored? Aramork provided hamper

